

King of Prussia, PA
USA

November 27, 1990

Mr. Trevor Anderson
New Jersey Remedial Action Branch
United States Environmental Protection Agency
26 Federal Plaza, Room 711
New York, New York 10278

Dear Mr. Anderson:

Enclosed you will find recently obtained information concerning SKF's involvement with the Cinnaminson, New Jersey Superfund Site. The data contained herein and attached refers to a time period from 1975 through 1982.

It is clearly obvious that during this time period, SKF owned only one (1) vehicle. This vehicle was properly registered with the New Jersey DEP to haul non-hazardous, solid material to the above referenced site. At no point during this time, were liquids hauled to Cinnaminson.

Your cooperation concerning the usefulness of this data is appreciated. If and when further data becomes available, you will be expeditiously apprised.

Best regards,

C. William McGlocklin

C. William McGlocklin
Environmental Manager

CWM:msb

Enclosures

(bm1127.13)



- Attachment A -- Indicates a fee schedule (effective 4/29/75) established by the State of New Jersey based on cubic yards or gallons. All information contained in this package refer to cubic yards indicating that solid material only was disposed of in New Jersey landfills by SKF.
- Attachment B -- These handwritten records refer to the number of loads of waste sent to New Jersey landfills from 1975 through 1980. The information was used to establish the New Jersey Motor Carries Road Tax as required each quarter. The references to cubic yards indicated that the waste transported was "solid material" not inclusive of liquids as defined by "solid waste" (40 CFR § 261.2).
- Attachment C -- The State of New Jersey requires registration of a waste collector-hauler. SKF filed registration forms with the New Jersey DEP from 1975 to 1982. Several key elements to be pointed out on these forms are:
1. A registration fee of \$20.00 was paid as a hauler rather than a \$50.00 fee as a hauler of hazardous waste (N.J.A.C. 7:26-4.7).
 2. Vehicle type was listed as "C" (a compaction type vehicle or container).
 3. Disposal amounts are given in cubic yards (solid). Gallons (liquids) were not transported.
 4. Waste I.D. numbers transported were: 12- Dry Sewage Sludge, 13- Bulky Waste, and 27- Industrial (Non-Chemical).
- Attachment D -- A NJDEP questionnaire was submitted with figures dealing with waste disposed during 1979. Again, 5560 cubic yards of compacted and non-compacted waste were transported to the Cinnaminson, New Jersey site.

N.J.A.C. 7:26-4 adopted June 28, 1974 and revised April 29, 1975, is amended to read:

-4.1 General

- 4.1.1 In accordance with N.J.S.A. 13:1E-18 and Chapter 42, P.L. 1976, there is hereby established a Fee Schedule. Said schedule shall apply to all sanitary landfill operations, incinerators, transfer stations, processing facilities, resource recovery facilities or any other methods of collection or disposal requiring registration with the Department.

-4.2 Payment of Fees

Fees shall be paid by check or money order and made payable to: Treasurer, State of New Jersey

-4.3 Fee Schedule for Solid Waste Facilities

- 4.3.1 Annual Registration Fee \$50
(Not applicable to those paying fees pursuant to 4.5 or exempt under 4.8.1)

- 4.3.2 Fee for Transfer of a Registration \$50

- 4.3.3 Operational Fee
(Not applicable to those paying fees pursuant to 4.5 or exempt under 4.8.1 or 4.8.2)

For all facilities not disposing waste on or in the land of this state.

(Included are transfer stations, resource recovery facilities, incinerators, non-municipally registered compost facilities, and waste chemical treatment facilities.

\$50/quarter

- 4.4 Engineering Design Review (per design). This fee will entitle the registrant to submit or resubmit all information found deficient on the first submission until such time as the approval of the engineering design is granted or denied. \$500

-4.5 Tipping Fees

- 4.5.1 Those facilities required to pay operational fees under 4.3.3 are exempt from paying tipping fees.

-4.5.2 Tipping Fee Schedule

- a. The following schedule of tipping fees apply to any facility disposing of solid waste (including liquids) on or in the lands of this state not exempt under 4.5.1 and 4.8:
 1. Solids (Waste ID 10 thru 27)
(4 cents per cubic yard capacity of the delivery vehicle) 4 cents/c.y.
 2. Septage (Waste ID 73 and 74)
(1/10 cent per gallon capacity of the delivery vehicle) 1/10 cent/gal.
 3. Other Liquids (Waste ID 70, 72, 76 and 77)
(1/2 cent per gallon capacity of the delivery vehicle) 1/2 cent/gal.
- b. The minimum tipping fee payable each quarter is \$125 (not applicable to municipalities selecting the optional schedule under 4.5.3).

1980

New Jersey Motor Carriers Road Tax 1ST Quarter

Source of info:

VE 20064 - Sanitary Landfill - No. of Trips to
N.J. Dump

Round Trip - 12 miles in N.J. per K. Baird
Fuel Consumption - 4 miles per Gal.
Approximate Truck mileage - 100 miles per day

<u>Inn. Dte</u>	<u>Trips to N.J.</u>	<u>Days</u>	<u>miles traveled everywhere</u>	<u>Fuel used everywhere</u>	<u>miles traveled in N.J.</u>	<u>Fuel used in N.J.</u>
2/14	2	1				
2/27	3	2				
2/21	2	2				
2/29	4	3				
3/14	3	3				
3/26	2	2				
3/20	2	2				
	<u>18</u>	<u>15</u>	<u>1500</u>	<u>375</u>	<u>216</u>	<u>54</u>

2ND Quarter

3/31	1	1				
4/20	2	2				
5/21	3	3				
4/17	1	1				
4/25	3	3				
5/31	5	4				
6/11	5	5				
6/24	4	4				
6/25	5	4				
	<u>31</u>	<u>27</u>	<u>2700</u>			<u>25</u>

1980

3rd Quarter

<u>Inw. Date</u>	<u>Trips to n.f.</u>	<u>Days</u>	<u>miles traveled Everywhere</u>	<u>Fuel used Everywhere</u>	<u>miles traveled in n.f.</u>	<u>Fuel used in n.f.</u>
6/30/80	2	2				
7/17	4	4				
7/24	5	5				
7/30	1	1				
8/21	4	4				
8/22	6	4				
8/31	4	4				
9/17	4	4				
9/25	<u>7</u>	<u>7</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	37	35	3500	875	444	111

4th Quarter

10/17	4	2				
9/30	4	3				
10/24	3	3				
10/31	4	4				
11/14	3	3				
12/17	3	3				
11/30	6	6				
12/10	2	2				
12/30	1	1				
12/30	<u>3</u>	<u>3</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	33	30	3000	750	396	99

year

119

x 40 CO. YD

4760 TOTAL CO. YDS.

New Jersey Motor Carriers Road Tax 2nd Qtr 1979

Source of Info.

VE 20064 - Saintary Landfill - No. of Trips to
N. J. Dump.

Round Trips - 12 miles in N. J. per trip. Based
Fuel Consumption - 4 mi. per Gal.
Approximate Truck mileage - 100 miles per Day.

<u>Payment Month</u>	<u>Due Date</u>	<u>Trips to N. J.</u>	<u>Days</u>	<u>miles traveled everywhere</u>	<u>Fuel used everywhere</u>	<u>miles traveled in N. J.</u>	<u>Fuel used in N. J.</u>
5/10		1	1				
5/18		1	1				
5/24		6	5				
5/31		3	3				
5/31		3	2				
6/13		9	7				
6/20		6	6				
		29	25	2500	625	378	87
<u>3rd Qtr 1979</u>							
6/29		7	6				
6/30		5	5				
		12	11	1100	275	144	36
<u>4th Qtr 1979</u>							

NOAE

New Jersey Motor Carriers Road Tax. 4th Qtr - 1978

Source of Info:

VE 20064 - Britany Landfill - No. of Trips to
N. J. Dump.

Round trip 12 miles in N.J. per K. Land

Fuel Consumption - 4 mi per Gal.

Approximate Truck mileage - 100 miles per day.

Payment Month	Jan Date	Trips to N.J.	Days	miles traveled everywhere	Fuel used everywhere	miles traveled in N.J.	Fuel Used in N.J.
OCT.	10/25	2	2				
	10/31	10	7				
NOV.	11/9	5	3				
	11/15	4	4				
	11/21	5	4				
	11/30	5	4				
Dec	12/18	4	4				
		<u>35</u>	<u>28</u>	<u>2800</u>	<u>700</u>	<u>420</u>	<u>105</u>

1ST Qtr 1979

JAN	12/21	4	4				
	12/31	6	5				
	1/11	2	2				
	1/19	7	6				
	1/26	9	9				
	1/31	10	9				
	2/12	13	10				
	2/23	12	10				
	2/28	7	6				
	3/15	12	9				
	3/23	8	6				
	3/30	8	6				
	3/31	6	4				
		<u>94</u>	<u>75</u>	<u>7500</u>	<u>1875</u>	<u>1128</u>	<u>282</u>

New Jersey Motor Carriers Road Tax

3rd Qtr 1978

Source of Info:

VE 20064 - Sanitary Landfill - No. of Trips to N.J. Dump.

Round Trip 12 miles in N.J. per K. Baird

Fuel Consumption - 4 mi per Gal.

Appropriate Truck mileage - 100 miles per day.

<u>Payment</u> <u>month</u>	<u>Inv.</u> <u>Date</u>	<u>Trips</u> <u>to N.J.</u>	<u>Days</u>	<u>miles traveled</u> <u>everywhere</u>	<u>Fuel used</u> <u>everywhere</u>	<u>miles traveled</u> <u>in N.J.</u>	<u>Fuel used</u> <u>in N.J.</u>
July	7/26/78	11	7				
Aug	8/21/78	7	6				
	8/2/78	9	6				
	8/10/78	4	4				
	8/16/78	9	6				
	8/31/78	5	3				
	8/23/78	7	4				
Sept	9/13/78	1	1				
	9/27/78	1	1				
March	3/31/78	19	11	} Not included in premium returns			
	3/1/78	6	4				
		<u>79</u>	<u>53</u>	<u>5300</u>	<u>1325</u>	<u>948</u>	<u>237</u>

New Jersey Motor Carriers Road Tax 1st Qtr 1978

Source of Info:

VE 20064. No. of Trips to N. J. Dump.

Round Trip 12 miles in N. J. per K. Baird

Fuel Consumption - 4 mi Per Gal.

Approximate Truck mileage - 100 miles per day.

<u>Payment</u> <u>month</u>	<u>Inw</u> <u>Date</u>	<u>Trips</u> <u>to N. J.</u>	<u>Days</u>	<u>mi Traveled</u> <u>everywhere</u>	<u>Fuel Used</u> <u>everywhere</u>	<u>miles traveled</u> <u>in N. J.</u>	<u>Fuel Used</u> <u>in N. J.</u>
Dec.	12/1/77	5	4				
Jan	1/20/78	11	8				
	1/31/78	15	10				
Feb	2/20/78	5	4				
	2/28/78	20	11				
		56	37	3700	925	672	168

2nd Qtr

4/30/78	26	17				
5/19/78	23	14				
5/31/78	12	9				
6/3/78	12	8				
6/30/78	19	12				
	<u>92</u>	<u>60</u>	<u>6000</u>	<u>1500</u>	<u>1104</u>	<u>276</u>

New Jersey Motor Carriers Road Tax 3rd Qtr, 1977

Source of info:

VE 20064 - No. of trips to N. J. Dump

Round trip 12 miles in N. J. per K. Baird.

Fuel Consumption - 11 mi. per gal.

Approximate truck mileage - 100 miles per day.

<u>Payment</u> <u>Month</u>	<u>Check</u> <u>No.</u>	<u>Trips</u> <u>to n. j.</u>	<u>Days</u>	<u>mi. Travelled</u> <u>everywhere</u>	<u>Fuel used</u> <u>everywhere</u>	<u>Miles Travelled</u> <u>in n. j.</u>	<u>Fuel Used</u> <u>in n. j.</u>
June	839625	18	9				
	840217	21	12				
July	343008	10	7				
	344275	9	8				
August	842644	13	8				
	"	13	10				
		84	54	5400	1350	1008	252

4th QTR 1977

Sept	345729	15	10				
	347250	14	9				
Oct	845389	15	8				
	351402	12	9				
Pay	119778	12	11				
		68	47	4700	1175	816	204

New Jersey Motor Carriers Road Tax

1st Qtr 1977

Source of info.

VE 20064 - No. of trips to N. J. Dump

Round Trip 12 miles in N. J. per K. Baird

Fuel Consumption - 4 mi Per Gal.

Approximate Truck Mileage - 100 miles per day

Payment Month	Check No.	Trips to N. J.	Days	mi traveled Everywhere	Fuel used Everywhere	mi. traveled in N. J.	Fuel used in N. J.
January	825106	22	11				
February	331698	10	7				
	333721	17	8				
March	827539	18	10				
	829644	18	9				
	831527	<u>21</u>	<u>11</u>				
		106	56	5600	1400	1272	318

2nd Qtr 1977

March	337758	20	10				
	832262	24	12				
April	835101	18	9				
	339592	16	9				
May	341032	16	10				
	836860	<u>18</u>	<u>9</u>				
		112	59	5900	1475	1344	336

New Jersey Motor Carriers Road Tax

3rd QTR 1976

Source of info

Ve 20064 - No of Trips to N.J. Dump

Round Trip 12 Miles in N.J. Per K Barrel (Attachment) Per 3rd QTR 1976

Fuel Consumption - 4 Mi Per Gal

Appx Truck Mileage - 100 Mi Per Day

Month	Check NO	Trips to N.J.	Days	Mi. TRAV Everywhere	Fuel USED Everywhere	Mi. TRAV in N.J.	Fuel USED in N.J.
JUL	814421	19	11	1100	275	228	57
Aug	321844	49	28	2400	700	588	147
Sept	818686	11	7	700	175	132	33
"	819471	20	12	1200	300	240	60
		99	58	5800	1450	1188	297
OCT	326942	16	9	900	225	192	48
	326114	17	9				
NOV	821730	20	11				
DEC	327658	17	10				
	329952	21	11				
	330791	18	9				
		109	59	5900	1475	1308	327

NEW JERSEY MOTOR CARRIERS LIND TAX

2nd QTR 1976

SOURCE OF INFO

VE 2064 - NO Y TRIP TO N.J. DUMP

ROUND TRIP - 18 MI IN N.J.

FUEL CONSUMPTION - 4 MI PER GAL

APPA TRUCK MILEAGE - 100 MI PER DAY

Month	check no	TRIP N.J.	Days	MI TRAV EVERYWHERE	FUEL USED EVERYWHERE	MI TRAV IN N.J.	FUEL USED IN N.J.
APR	304086	17	9	900	225	306	
	304744	25	13	1300	325	410	
MAY	809393	27	12	1200	300	486	
	810072	18	10	1000	250	324	
JUNE	318546	19	10	1000	250	342	
	319238	18	9	900	225	324	
		124	63	6300	1575	2232	JJF

NEW JERSEY MORTON CARRIERS ROAD TAX 1st QTR 1975

Source of info

VE 20064 No of TRIPS TO N.J. Dump

Round TRIP 18 Mi. in N.J.

Fuel Consumption - 4 Mi. Per Gal

APPR TRUCK Mileage - 100 Mi Per Day

Month	check no	TRIPS TO N.J.	DAYS	M. TRAV Everywhere	FUEL USED Everywhere	M. TRAV in N.J.	FUEL USE in N.J.
Jan	790814	30	15	1100	375	540	135
FEB	301130	33	18	1800	450	594	148
MAR	790211 793160	39	21	2100	525	702	176
TOTAL		102	54	5400	1350	1836	459

NEW JERSEY MOTOR CARRIERS ROAD TAX 1st QTR 1975

Source of Info

1/2 20064 No of trips to N.J. Dump

Round trip 16 mi in N.J.

Fuel consumption - 4 mi per gal

gpm. truck mileage - 100 mi per day

Month	Check No	Trips to N.J.	Days	Mi Traveled everywhere	Fuel used everywhere	Mi Traveled in N.J.	Fuel used in N.J.
Oct	295194	48	20	2000	500	814	216
Nov	788453	47	21	2100	525	848	212
Dec	298571	40	18	1800	450	720	180
		135	59	5900	1475	2432	608

NEW JERSEY MOTOR CARRIERS ROAD TAX

3rd QTR 1975

Source of info

VE 80064 - No of TRIPS TO N.J. Dump

Round Trip & Mi IN N.J.

Fuel Consumption - 4 Mi Per Gal

APR Truck Mileage - 100 Mi Per Day

Month	check no	TRIPS TO N.J.	Days	Mi TRAV everywhere	FUEL USED everywhere	Mi TRAV IN N.J.	FUEL USED IN N.J.
July	782876	47	19	1900	475	846	212
Aug	784100	13	6	600	150	234	58
Sept	783354	14	5	400	100	252	63
		74	30	2900	725	1332	333

New Jersey Motor Carriers Road Tax 2nd QTR 1975

Source: JF INFO

VE 80064 - No of TRIPS To N.J. Dump

Round TRIP - 18 Mi in N.J.

Fuel Consumption - 4 Mi Per Gal

APPR Truck Mileage - 100 Mi Per Day

Month	Check No	TRIPS TO N.J.	Days	Mi TRAV Everywhere	Fuel used Everywhere	Mi TRAV IN N.J.	Fuel used IN N.J.
APR	777129	11	19	1900	475	198	50
MAY	288261	36	21	8100	525	1008	252
JUN	761428	46	30	2000	500	824	207
		113	60	6000	1500	2034	509

@ 8

40.72

12
1
30
33

NEW JERSEY MOTOR CARRIAGES ROAD TAX

1st QTR 1975

Source of info

VE 2006 - No of TRIP TO N.J. DUMP

ROUND TRIP - if M. IN N.J.

Fuel Consumption - 4 M. Per Gal

APPR. TRUCK MILEAGE - 100 Miles Per Day

Month	Check No	Trip to N.J.	Days	Mileage	Fuel used	M. TRAV IN N.J.	Fuel used IN N.J.
Jan	773130	44	20	2000	500	392	196
FEB	284013	60	23	2300	575	1080	270
MAR	285421	33	16	1600	400	596	149
		137	59	5900	1475	2468	617

READ CAREFULLY

**SPECIAL INSTRUCTIONS FOR COMPLETION OF THE REGISTRATION STATEMENT
FOR A SOLID/LIQUID WASTE COLLECTOR HAULER (VSW-001)**

(For information or assistance, please phone 609-292-0477)

Section A. Check For Any Errors

Do Not Write In This Section

**This section contains pre-printed information currently on file from last year's statement.
Check Carefully**

All omissions or corrections to Section A, where applicable, must be entered on the corresponding line in Section B.

Do Not fill in any lines of Section B that are correct in Section A.

Section B. This section is for new applicants and for making corrections to Section A.

CORRECTIONS TO SECTION A MUST BE MADE IN THE FOLLOWING MANNER:

(Do not write anything in Section B that is correct in Section A.)

1. Enter any omitted information on the corresponding line in Section B.
2. A correction to any part of a line requires that the whole line be rewritten; for example, if the zip code is wrong the whole line must be written including the City, State and the corrected Zip Code.

NEW APPLICANTS MUST ENTER THE FOLLOWING INFORMATION:

1. The Federal Employer Identification Number (FEID) must be used whenever one has been assigned. If you do not have a FEID number, use your Social Security Number. **Do Not Use Both**. Be sure to indicate which number you are entering by checking the appropriate box.
2. **Office Use Only - Do Not Enter Anything**
3. If you are registered with the N.J. Board of Public Utilities Commissioners, enter the number which they assigned to you.
- 4.
- 5.
6. **ENTER SPECIFIC INFORMATION AS REQUIRED**
- 7.
- 8.
9. **Type of Organization - Check Only One:**
10. If you are either Incorporated or a Partnership (indicated in Item 9) then the following information **must** be entered:
 - The State and County where the paper work was filed for registration of the firm.
 - The name, address and telephone number of the individual who filed the papers of registration, usually a lawyer and commonly referred to as the Registered Agent.
11. Enter the name and telephone number of the person in charge of the operation - be it a Supervisor or Owner of the firm.

Section C. Only Checks or Money Orders made payable to "Treasurer, State of New Jersey" will be accepted for payment of fees (N.J.A.C. 7:26-4.2).

**Calculate your proper fee from the schedule below and enter the amount enclosed:
(For tractor-trailers, only the trailer is required to be registered.)**

N.J.A.C. 7:26-4.7 - FEE SCHEDULE FOR COLLECTION AND HAULAGE

- | | |
|--|-----------------|
| 4.7.1 Annual registration, inspection & regulation: | |
| Hazardous (Special) Waste Collector-Haulers: | \$50 EACH truck |
| All Other Collector-Haulers: | \$20 EACH truck |
| 4.7.2 The Registration of a solid waste collector and/or haulage system is non-transferable. | |

This statement must be dated and signed by the individual responsible for all company actions. Return statement and check to:

Solid Waste Administration
Bureau of Technical Services
P.O. Box CN027
Trenton, N.J. 08625

Section D. Vehicle Registration Statement — The vehicle license number and permanently assigned two letter vehicle code for all vehicles registered for the previous year are printed in the upper portion of this section. Any vehicle that you do not wish to reregister, place an "X" in the box to the left of the license number. **DO NOT CROSS OUT or OTHERWISE OBLITERATE** any of the preprinted license numbers. To ADD, see below.

PART 2 OF SECTION D IS FOR NEW OR ADDITIONAL VEHICLES ONLY

A NEW REGISTRANT or a REREGISTRANT wishing to add new vehicles, should list the state and license number of all vehicles to be registered in the blocks in the lower portion of Section D. **Do Not** write in any license numbers from the upper printer portion to the lower blank portion reserved for additional or new vehicle registration.

Section E. Operational Statement — At the top of the page enter either your Federal Employer Identification Number or your Social Security Number in the appropriate space and check the proper box to indicate which number you are using. This number must be the same as given in either Section A, Line 1 or Section B, Line 1.

Circle the Waste I.D. No. of each waste category carried by your vehicle(s) during the previous calendar year. **THEN** check the main categories of waste (Solids-Septage-Liquids) carried.

Complete Part 2 or Section E. of the Operational Statement to reflect your activity for the previous calendar year, (January 1 through December 31).

Column 1 Waste I.D.: Separate entries on separate lines must be made for: (1) each waste I.D. number checked above in Part 1 of Section E; (2) for each vehicle type; (3) for each municipality served, and (4) for each disposal site used.

Column 2 Vehicle Type: Enter one of the following letters to indicate the vehicle type:

- "T" — To indicate a tank truck.
- "C" — To indicate a compaction type vehicle or container.
- "N" — To indicate a non-compaction type vehicle or container.

Column 3 Disposal Amount: — C.Y. or Gallons. Enter the number of **CUBIC YARDS** for each solid waste type indicated in Column 1, or if a liquid waste type indicate the volume in **GALLONS** for each entry.

Column 4 Originating Municipality or City: Enter the name of the municipality, township, borough or city in which the solid or liquid waste is collected. **If more than one, make a separate line for each community.** Where only small quantities of solid or liquid waste are collected from many municipalities, as in the case of a building contractor working in many areas within a county, the community may be designated as "Various". However, if the same contractor is working in more than one county, make a separate entry for each county.

Column 5 Originating County: Enter the abbreviation for the County where the solid or liquid waste originated. Use the following 3 letter abbreviations: ATL—Atlantic, BER—Bergen, BUR—Burlington, CAM—Camden, CAP—Cape May, CUM—Cumberland, ESS—Essex, GEO—Gloucester, HUD—Hudson, HUN—Hunterdon, MER—Mercer, MID—Middlesex, MON—Monmouth, MOR—Morris, OCE—Ocean, PAS—Passaic, SAL—Salem, SOM—Somerset, SUS—Sussex, UNI—Union, WAR—Warren.

If the solid or liquid waste originated from a state other than New Jersey, instead of the Originating County enter the official two letter designation for the State of origin.

Column 6 Disposal Municipality or City: Enter the name of the municipality, township, borough or city in which the solid or liquid waste is disposed. **If during the year several different disposal areas are used, make a separate entry for each.**

Column 7 Disposal Site Name: Enter either the name of the site or the official five character designation of the site. **If during the year more than one site is used, make a separate entry for each.**

Column 8 For Official Use Only. Do Not Write In This Column.

NOTE: IF YOU DID NOT HANDLE ANY WASTE IN NEW JERSEY THE PREVIOUS CALENDAR YEAR, ENTER "NONE", BUT YOU MUST CHECK THE TYPES OF WASTE YOU HANDLED OR EXPECT TO HANDLE. SPECIAL WASTE REGISTRANTS MUST CHECK ANY OF THE FOLLOWING TYPES: 17, 26, 70, 76, 77. IF ONE OF THESE IS NOT CHECKED, YOU WILL NOT BE AUTHORIZED FOR SPECIAL WASTE.

NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION
P.O. BOX 2807 TRENTON, N. J. 08625
REGISTRATION STATEMENT FOR A SOLID/LIQUID WASTE COLLECTOR-HAULER

VSW001

FISCAL YEAR 82

READ ENCLOSED INSTRUCTIONS CAREFULLY

INFORMATION ON FILE FROM LAST YEAR - CORRECT IN SECTION B

FEID 231043740
4279

215-426-6400

POIRIER GREGORY J
SKF INDUSTRIES, INC.
5400 JULIP STREET
PHILADELPHIA

PA 19124

INCORPORATED
DELAWARE NEW CASTLE
12-13-33
THE CORPORATION TRUST CO.
15 EXCHANGE PLACE
JERSEY CITY NJ 07302
201-434-0014
CHRIST DAVID R.
215-426-6400

1. Applicants Fed. Employer I.D. or Soc. Sec. No.
2. Solid Waste Administration No.
3. Public Utilities Commission License No.
4. Applicants Telephone No.

5. Applicants Name
6. Company or Trade Name
7. Street Address
8. City, State, Zip Code

9. Type of Organization
10. a. Registered In
b. Date of Filing
c. Agents Name
d. Agents Street Address
e. Agents City, State, Zip Code
f. Agents Telephone

11. a. Name Person with Prime Admin. Authority
b. Telephone Number of 11a.

THIS SECTION FOR NEW APPLICANTS OR CORRECTIONS TO SECTION A

1. Applicants Federal Employer I.D. or Social Security No.: ☐ FEID, or ☐ SS No.
2. Solid Waste Administration Number (Office Use Only)
3. Public Utilities Commission License Number
4. Applicants Area Code and Telephone Number
5. Applicants Name: Last First Init.
6. Company or Trade Name
7. Street Address or Box Number
8. City State Zip Code
9. Type of Organization - Check One: ☐ Proprietor, ☐ Partnership, ☐ Incorporated, ☐ Municipality,
☐ County, ☐ State Government, ☐ Authority, ☐ Federal Government, ☐ Homeowner, ☐ Other.
10. Corporate or Partnership Data (if any):
 - a. Registered in State of County of
 - b. Date of Filing
 - c. Agents Name: Last First Init.
 - d. Agents Street Address or Box Number
 - e. Agents City State Zip Code
 - f. Agents Area Code and Telephone Number
11. Person Having Prime Administrative Authority:
 - a. Name: Last POIRIER First GREGORY Init. J
 - b. Area Code and Telephone Number 215 533 5800

COMPLETED REGISTRATION STATEMENT AND PROPER FEE MUST BE SUBMITTED
ON OR BEFORE MAY 1, 19 81

FEES MUST BE SUBMITTED BY CHECK OR MONEY ORDER PAYABLE TO:
"TREASURER, STATE OF NEW JERSEY"

Enter Amount Enclosed \$ 120.00

Having Prime Administrative Authority, I Certify That The Information Submitted On Both Sides Of This Form
And All Attachments Is True To The Best Of My Knowledge.

Date 4/3/81

Signature

Thomas K. Query

Title

Plant Accountant

VEHICLE REGISTRATION STATEMENT
FOR A SOLID/LIQUID WASTE COLLECTOR OR HAULER

VSW002

1. STATE, VEHICLE LICENSE NUMBERS AND ASSIGNED CODE THAT WERE REGISTERED LAST YEAR.

CHECK BLOCKS MARKED WITH ARROWS TO DELETE ANY VEHICLES

St. Lic. # Code St. Lic. # Code St. Lic. # Code

PA R50955 A4

1 VEHICLES ARE REGISTERED.

2. LIST ALL NEW VEHICLE LICENSE NUMBERS FOR WHICH YOU DESIRE AN APPROVED REGISTRATION.

STATE*	LICENSE NUMBER	STATE*	LICENSE NUMBER	STATE*	LICENSE NUMBER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* NJ = New Jersey

NY = New York

PA = Pennsylvania

DE = Delaware

Other States use your proper 2 Letter State Abbreviation

VSW003

231043740

SOLIDS

☒

SEPTAGE

LIQUIDS

10. Municipal (Household, Commercial and Institutional)
12. Dry Sewage Sludge
13. Bulky Waste
17. Hazardous Waste - Dry
18. Chemical Waste - Dry - Non Hazardous
23. Vegetative Waste
25. Animal and Food Processing Wastes
26. Oil Spill Clean-up Wastes
27. Industrial (Non-Chemical)

73. Septic Tank Clean-Out Wastes
74. Liquid Sewage Sludge

- 70. Waste Oil and Sludge
- 72. Bulk Liquid and Semi Liquids
- 76. Hazardous Waste Liquids
- 77. Chemical Waste Liquids

COMPLETE FOR EACH OF THE WASTE I.D. NUMBERS CIRCLED IN SECTION 1 OF THIS PAGE, FOR EACH MUNICIPALITY SERVED, AND SITE USED.

[illegible]

NO. 433564

SKF INDUSTRIES, INC.

REMITTANCE
STATEMENTGENERAL
OFFICE1100 FIRST AVENUE
P.O. BOX 239
KING OF PRUSSIA, PA. 19406

VENDOR NO.

PI
NOVENDOR
INVOICE NO.YOUR INV. DATE
MO DAY YEARSKF
INVOICE
NO.

GROSS AMOUNT

DISCOUNT

AMOUNT OF PAYMENT

22745

K

032481

03 24 81

P9323

20.00

20.00

PLANT ID

- 1 SKF TECHNOLOGY SERVICES
- 2 SKF ROLLER BEARINGS
- 3 DIVISION SHIPPENSBURG
- 4 SKF MOUNTED BEARINGS DIV
- 5 SKF BALL BEARINGS DIV
- 6 DIVISION TAPERED BEARINGS
- 7 DIVISION MASTULON
- 8 DIVISION TAPERED BEARINGS
- 9 DIVISION GLASGOW
- 10 SKF REBANDING DIVISION
- 11 SKF CORPORATE
- 12 SKF SPECIALTY BEARINGS
- 13 DIVISION
- 14 SKF ROLLER BEARINGS
- 15 DIVISION HANDWER
- 16 RICE BEARING PRODUCT
- 17 DIVISION
- 18 SKF WHEEL TIRE

20.00

20.00

DETACH BEFORE DEPOSITING

SKF 4016 K

NO. 433564

433564

SKF INDUSTRIES, INC.

KING OF PRUSSIA PA

DATE

04 02 81

65-306
521PAY TO THE
ORDER OFTREASURER STATE OF N J
NEWARK N J 07102

V2

EXACTLY *****20 DOLLARS 00 CENTS

THE BANK OF DELMAR
DELMAR, MARYLAND

⑈433564⑈ ⑆052103065⑆ ⑈91 0056 3⑈

FISCAL YEAR 81
READ ENCLOSED INSTRUCTIONS CAREFULLY

INFORMATION ON FILE FROM LAST YEAR - CORRECT IN SECTION B

FEID 201-43740
427

215-426-4400

CHRIST DAVID R.
SKE INDUSTRIES, INC.
FRONT ST. & ERIE AVE.
PHILADELPHIA PA 19132

INCORPORATED
DELAWARE NEW CASTLE
10-17-79
THE INFORMATION TRUST CO.
15 TRICHINE PLACE
JERSEY CITY NJ 07302
201-434-014
CHRIST DAVID R.
215-426-4400

1. Applicants Fed. Employer I.D. or Soc. Sec. No.
2. Solid Waste Administration No.
3. Public Utilities Commission License No.
4. Applicants Telephone No.

5. Applicants Name
6. Company or Trade Name
7. Street Address
8. City, State, Zip Code

9. Type of Organization
10. a. Registered In
b. Date of filing
c. Agents Name
d. Agents Street Address
e. Agents City, State, Zip Code
f. Agents Telephone
11. a. Name Person with Prime Admin. Authority
b. Telephone Number of 11a.

THIS SECTION FOR NEW APPLICANTS OR CORRECTIONS TO SECTION A

1. Applicants Federal Employer I.D. or Social Security No.: ☐ FEID, or ☐ SS No. _____
2. Solid Waste Administration Number (Office Use Only) _____
3. Public Utilities Commission License Number _____
4. Applicants Area Code and Telephone Number _____
5. Applicants Name: Last POIRIER First GREGORY Init. J.
6. Company or Trade Name _____
7. Street Address or Box Number 5400 TULIP STREET
8. City PHILADELPHIA State PA Zip Code 19124
9. Type of Organization - Check One: ☐ Proprietor, ☐ Partnership, ☐ Incorporated, ☐ Municipality,
☐ County, ☐ State Government, ☐ Authority, ☐ Federal Government, ☐ Homeowner, ☐ Other.
10. Corporate or Partnership Data (If any):
a. Registered in State of _____ County of _____
b. Date of filing _____
c. Agents Name: Last _____ First _____ Init. _____
d. Agents Street Address or Box Number _____
e. Agents City _____ State _____ Zip Code _____
f. Agents Area Code and Telephone Number _____
11. Person Having Prime Administrative Authority:
a. Name: Last _____ First _____ Init. _____
b. Area Code and Telephone Number _____

COMPLETED REGISTRATION STATEMENT AND PROPER FEE MUST BE SUBMITTED
ON OR BEFORE MAY 1, 1981

FEES MUST BE SUBMITTED BY CHECK OR MONEY ORDER PAYABLE TO:
"TREASURER, STATE OF NEW JERSEY"

Enter Amount Enclosed \$ 1115.00

Having Prime Administrative Authority, I certify That The Information Submitted On Both Sides Of This Form
And All Attachments Is True To The Best Of My Knowledge.

Date 5/2/81 Signature Thomas R. Every Title Plant Accountant

1. STATE, VEHICLE LICENSE NUMBERS AND ASSIGNED CODE THAT WERE REGISTERED LAST YEAR.

CHECK BLOCKS MARKED WITH ARROWS TO DELETE ANY VEHICLES

St. Lic. # Code St. Lic. # Code St. Lic. # Code

PA 350955 AA

1 VEHICLES ARE REGISTERED.

2. LIST ALL NEW VEHICLE LICENSE NUMBERS FOR WHICH YOU DESIRE AN APPROVED REGISTRATION.

STATE*	LICENSE NUMBER	STATE*	LICENSE NUMBER	STATE*	LICENSE NUMBER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* NJ = New Jersey NY = New York PA = Pennsylvania DE = Delaware
Other States use your proper 2 Letter State Abbreviation

Enter Your FEID or SS Number Here ☒ FEID OR ☐ SS 231043740

1. Circle all types of waste carried by you for disposal during the previous calendar year and then check the appropriate main waste type boxes.

SEPTAGE

LIQUIDS

Waste I.D. #

Waste I.D. #

73. Septic Tank Clean-Out Wastes
74. Liquid Sewage Sludge

70. Waste Oil and Sludge
72. Bulk Liquid and Semi Liquids
78. Hazardous Waste Liquids
77. Chemical Waste Liquids

2. Complete this Section with Operational Data for the previous calendar year.

COMPLETE FOR EACH OF THE WASTE I.D. NUMBERS CIRCLED IN SECTION 1 OF THIS PAGE, FOR EACH MUNICIPALITY SERVED, AND SITE USED.

[illegible]

NO. 909781

SKF INDUSTRIES, INC.

REMITTANCE
STATEMENTGENERAL
OFFICE1100 FIRST AVENUE
P.O. BOX 239
KING OF PRUSSIA, PA. 19406VENDOR NO.
22745PL.
NO. K 051280YOUR INV. DATE
MO. DAY YEAR 05 12 80 P7949SKF
INVOICE
NO.GROSS AMOUNT
15.00

DISCOUNT

AMOUNT OF PAYMENT
15.00

PLANT ID.

- 0 SKF TECHNOLOGY SERVICES
- 4 SKF ROLLER BEARINGS
- DIVISION - SHIPPENSBURG
- 5 SKF MOUNTED BEARINGS DIV.
- 6 SKF BALL BEARINGS DIV.
- 7 TYSON TAPERED BEARINGS
- DIVISION - MASSILLON
- 8 TYSON TAPERED BEARINGS
- DIVISION - GLASGOW
- 9 SKF MERCHANDISING DIVISION
- C SKF CORPORATE
- E SKF SPECIALTY BEARINGS
- DIVISION
- I SKF ROLLER BEARINGS
- DIVISION - HANOVER
- M NICE BEARINGS PRODUCT
- DIVISION
- W SKF WISE, INC.

15.00

15.00

DETACH BEFORE DEPOSITING

SKF 4016 K

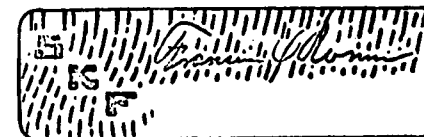
NO. 909781
909781SKF INDUSTRIES, INC.
KING OF PRUSSIA, PA65-306
521PAY TO THE
ORDER OFTREASURER STATE OF N J
NEWARK N J 07102

DATE

05 22 80

V1

EXACTLY *****15 DOLLARS 00 CENTS

PHILADELPHIA NATIONAL BANK
OR
THE BANK OF DELMAR
DELMAR, MARYLAND

⑈909781⑈ ⑆052103065⑆ 91 0036 9⑈

NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION
P.O. BOX 2807 TRENTON, N. J. 08625
REGISTRATION STATEMENT FOR A SOLID/LIQUID WASTE COLLECTOR-HAULER

FISCAL YEAR 80
READ ENCLOSED INSTRUCTIONS CAREFULLY

INFORMATION ON FILE FROM LAST YEAR - CORRECT IN SECTION B

FEID 231043740
4279

215-426-6400

SKF INDUSTRIES, INC.
FRONT ST. & ERIE AVE.
PHILADELPHIA

PA 19132

INCORPORATED
DELAWARE NEW CASTLE
12-13-33
THE CORPORATION TRUST CO.
15 EXCHANGE PLACE
JERSEY CITY NJ 07302
201-434-0014
CHRIST DAVID R.
215-426-6400

1. Applicants Fed. Employer I.D. or Soc. Sec. No.
2. Solid Waste Administration No.
3. Public Utilities Commission License No.
4. Applicants Telephone No.

5. Applicants Name
6. Company or Trade Name
7. Street Address
8. City, State, Zip Code

9. Type of Organization
10.

Corporate Data

 - a. Registered in
 - b. Date of filing
 - c. Agents Name
 - d. Agents Street Address
 - e. Agents City, State, Zip Code
 - f. Agents Telephone
11.
 - a. Name Person with Prime Admin. Authority
 - b. Telephone Number of 11a.

THIS SECTION FOR NEW APPLICANTS OR CORRECTIONS TO SECTION A

1. Applicants Federal Employer I.D. or Social Security No.: ☐ FEID, or ☐ SS No.
2. Solid Waste Administration Number (Office Use Only)
3. Public Utilities Commission License Number
4. Applicants Area Code and Telephone Number
5. Applicants Name: Last First Init.
6. Company or Trade Name
7. Street Address or Box Number
8. City State Zip Code
9. Type of Organization - Check One: ☐ Proprietor, ☐ Partnership, ☐ Incorporated, ☐ Municipality, ☐ County, ☐ State Government, ☐ Authority, ☐ Federal Government, ☐ Homeowner, ☐ Other.
10. Corporate or Partnership Data (If any):
 - a. Registered in State of , County of
 - b. Date of filing
 - c. Agents Name: Last First Init.
 - d. Agents Street Address or Box Number
 - e. Agents City State Zip Code
 - f. Agents Area Code and Telephone Number
11. Person Having Prime Administrative Authority:
 - a. Name: Last First Init.
 - b. Area Code and Telephone Number

COMPLETED REGISTRATION STATEMENT AND PROPER FEE MUST BE SUBMITTED
ON OR BEFORE MAY 1, 19 79

FEES MUST BE SUBMITTED BY CHECK OR MONEY ORDER PAYABLE TO:
"TREASURER, STATE OF NEW JERSEY"

Enter Amount Enclosed \$ 1130.00

Having Prime Administrative Authority, I certify that the information submitted on both sides of this form
and all attachments is true to the best of my knowledge.

Date 4/24/79 Signature David R. Christ Title Controller

VEHICLE REGISTRATION STATEMENT
FOR A SOLID/LIQUID WASTE COLLECTOR OR HAULER

1. STATE, VEHICLE LICENSE NUMBERS AND ASSIGNED CODE THAT WERE REGISTERED LAST YEAR.

CHECK BLOCKS MARKED WITH ARROWS TO DELETE ANY VEHICLES

St.	Lic. #	Code	St.	Lic. #	Code	St.	Lic. #	Code
-----	--------	------	-----	--------	------	-----	--------	------

1 PA R50955 AA

2. LIST ALL NEW VEHICLE LICENSE NUMBERS FOR WHICH YOU DESIRE AN APPROVED REGISTRATION.

STATE*	LICENSE NUMBER	STATE*	LICENSE NUMBER	STATE*	LICENSE NUMBER

* NJ = New Jersey NY = New York PA = Pennsylvania DE = Delaware

Other States use your proper 2 Letter State Abbreviation

1. Circle all types of waste carried by you for disposal during the previous calendar year and then check the appropriate main waste type boxes.

LIQUIDS

Waste I.D. #

- 70. Waste Oil and Sludge
- 72. Bulk Liquid and Semi Liquids
- 76. Hazardous Waste Liquids
- 77. Chemical Waste Liquids

2. Complete this Section with Operational Data for the previous calendar year.

COMPLETE FOR EACH OF THE WASTE I.D. NUMBERS CIRCLED IN SECTION 1 OF THIS PAGE, FOR EACH MUNICIPALITY SERVED, AND SITE USED.

[illegible]

1978

Sanitary Landfill

Dumped

10,795 cu. yds

(per source: Elder, 1976 payments)

FISCAL YEAR 79
READ ENCLOSED INSTRUCTIONS CAREFULLY

INFORMATION ON FILE FROM LAST YEAR - CORRECT IN SECTION B

FEID 231043740
4279
718R1556
215-426-6400

1. Applicants Fed. Employer I.D. or Soc. Sec. No.
2. Solid Waste Administration No.
3. Public Utilities Commission License No.
4. Applicants Telephone No.

SKF INDUSTRIES, INC.
FRONT ST. & ERIE AVE.
PHILADELPHIA PA 19132

5. Applicants Name
6. Company or Trade Name
7. Street Address
8. City, State, Zip Code

INCORPORATED
DELAWARE NEW CASTLE
12-13-33
THE CORPORATION TRUST CO.
15 EXCHANGE PLACE
JERSEY CITY NJ 07302
201-434-0014
CHRIST DAVID R.
215-426-6400

9. Type of Organization
10. a. Registered in
b. Date of filing
c. Agents Name
d. Agents Street Address
e. Agents City, State, Zip Code
f. Agents Telephone
11. a. Name Person with Prime Admin. Authority
b. Telephone Number of 11a.

THIS SECTION FOR NEW APPLICANTS OR CORRECTIONS TO SECTION A

1. Applicants Federal Employer I.D. or Social Security No.: ☐ FEID, or ☐ SS No.
2. Solid Waste Administration Number (Office Use Only)
3. Public Utilities Commission License Number
4. Applicants Area Code and Telephone Number
5. Applicants Name: Last First Init.
6. Company or Trade Name
7. Street Address or Box Number
8. City State Zip Code
9. Type of Organization - Check One: ☐ Proprietor, ☐ Partnership, ☐ Incorporated, ☐ Municipality,
☐ County, ☐ State Government, ☐ Authority, ☐ Federal Government, ☐ Homeowner, ☐ Other.
10. Corporate or Partnership Data (if any):
a. Registered in State of County of
b. Date of filing
c. Agents Name: Last First Init.
d. Agents Street Address or Box Number
e. Agents City State Zip Code
f. Agents Area Code and Telephone Number
11. Person Having Prime Administrative Authority:
a. Name: Last First Init.
b. Area Code and Telephone Number

COMPLETED REGISTRATION STATEMENT AND PROPER FEE MUST BE SUBMITTED
ON OR BEFORE MAY 1, 19 78

FEES MUST BE SUBMITTED BY CHECK OR MONEY ORDER PAYABLE TO:
"TREASURER, STATE OF NEW JERSEY"

Enter Amount Enclosed \$ 1130.00

Having Prime Administrative Authority, I Certify That The Information Submitted On Both Sides Of This Form
And All Attachments Is True To The Best Of My Knowledge.

Date 5/14/78 Signature David R. Christ Title Controller

VEHICLE REGISTRATION STATEMENT
FOR A SOLID/LIQUID WASTE COLLECTOR OR HAULER

1. STATE, VEHICLE LICENSE NUMBERS AND ASSIGNED CODE THAT WERE REGISTERED LAST YEAR.

CHECK BLOCKS MARKED WITH ARROWS TO DELETE ANY VEHICLES

St.	Lic. #	Code	St.	Lic. #	Code	St.	Lic. #	Code
PA	R50955	AA						

2. LIST ALL NEW VEHICLE LICENSE NUMBERS FOR WHICH YOU DESIRE AN APPROVED REGISTRATION.

STATE*	LICENSE NUMBER	STATE*	LICENSE NUMBER	STATE*	LICENSE NUMBER

* NJ = New Jersey NY = New York PA = Pennsylvania DE = Delaware
Other States use your proper 2 Letter State Abbreviation

Enter Your FEID or SS Number Here ☒ FEID OR ☐ SS 231043740

VSW003

1. Circle all types of waste carried by you for disposal during the previous calendar year and then check the appropriate main waste type boxes.

SOLIDS

→ ☒

Waste I.D. #

10. Municipal (Household, Commercial and Institutional)

12. Dry Sewage Sludge

13. Bulky Waste

17. Hazardous Waste - Dry

18. Chemical Waste – Dry – Non Hazardous

23. Vegetative Waste

25. Animal and Food Processing Wastes

28. Oil Spill Clean-up Wastes

27. Industrial (Non-Chemical)

SEPTAGE

Waste ID #

73. Septic Tank Clean-Out Wastes

74. Liquid Sewage Sludge

LIQUIDS

Waste I.D. #

70. Waste Oil and Sludge

72. Bulk Liquid and Semi Liquids.

76. Hazardous Waste Liquids

77. Chemical Waste Liquids

2. Complete this Section with Operational Data for the previous calendar year.

COMPLETE FOR EACH OF THE WASTE I.D. NUMBERS CIRCLED IN SECTION 1 OF THIS PAGE, FOR EACH MUNICIPALITY SERVED, AND SITE USED.

[illegible]

FISCAL YEAR 78
READ ENCLOSED INSTRUCTIONS CAREFULLY

INFORMATION ON FILE FROM LAST YEAR - CORRECT IN SECTION B

FEID 231043740
4279
718R1556
215-426-6400

SKF INDUSTRIES, INC.
FRONT ST. & ERIE AVE.
PHILADELPHIA PA 19132

COUNTY
** 10A THRU 10F ACT APPLICABLE **

CHRIST DAVID R.
215-426-6400

1. Applicants Fed. Employer I.D. or Soc. Sec. No.
2. Solid Waste Administration No.
3. Public Utilities Commission License No.
4. Applicants Telephone No.

5. Applicants Name
6. Company or Trade Name
7. Street Address
8. City, State, Zip Code

9. Type of Organization
10.

Corporate Data

 - a. Registered in
 - b. Date of filing
 - c. Agents Name
 - d. Agents Street Address
 - e. Agents City, State, Zip Code
 - f. Agents Telephone
11. a. Name Person with Prime Admin. Authority
b. Telephone Number of 11a.

THIS SECTION FOR NEW APPLICANTS OR CORRECTIONS TO SECTION A

1. Applicants Federal Employer I.D. or Social Security No.: ☐ FEID, or ☐ SS No. _____
2. Solid Waste Administration Number (Office Use Only) _____
3. Public Utilities Commission License Number _____
4. Applicants Area Code and Telephone Number _____
5. Applicants Name: Last _____ First _____ Init. _____
6. Company or Trade Name _____
7. Street Address or Box Number _____
8. City _____ State _____ Zip Code _____
9. Type of Organization - Check One: ☐ Proprietor, ☐ Partnership, ☒ Incorporated, ☐ Municipality, ☐ County, ☐ State Government, ☐ Authority, ☐ Federal Government, ☐ Homeowner, ☐ Other.
10. Corporate or Partnership Data (if any):
 - a. Registered in State of DELAWARE, County of NEW CASTLE
 - b. Date of filing DECEMBER 13, 1933
 - c. Agents Name: Last THE CORPORATION First TRUST CO. Init. _____
 - d. Agents Street Address or Box Number 15 EXCHANGE PLACE
 - e. Agents City JERSEY CITY State NEW JERSEY Zip Code 07302
 - f. Agents Area Code and Telephone Number 201 434 0014
11. Person Having Prime Administrative Authority:
 - a. Name: Last _____ First _____ Init. _____
 - b. Area Code and Telephone Number _____

COMPLETED REGISTRATION STATEMENT AND PROPER FEE MUST BE SUBMITTED
ON OR BEFORE MAY 1, 19 77

FEES MUST BE SUBMITTED BY CHECK OR MONEY ORDER PAYABLE TO:
"TREASURER, STATE OF NEW JERSEY"

Enter Amount Enclosed \$ 1130.00

Having Prime Administrative Authority, I Certify That The Information Submitted On Both Sides Of This Form
And All Attachments Is True To The Best Of My Knowledge.

Date 5/20/77 Signature David R. Christ Title Controller

1. STATE, VEHICLE LICENSE NUMBERS AND ASSIGNED CODE THAT WERE REGISTERED LAST YEAR.

CHECK BLOCKS MARKED WITH ARROWS TO DELETE ANY VEHICLES

St. Lic. # Code St. Lic. # Code St. Lic. # Code

PA R50955 AA

2. LIST ALL NEW VEHICLE LICENSE NUMBERS FOR WHICH YOU DESIRE AN APPROVED REGISTRATION.

STATE*	LICENSE NUMBER	STATE*	LICENSE NUMBER	STATE*	LICENSE NUMBER

* NJ = New Jersey NY = New York PA = Pennsylvania DE = Delaware
Other States use your proper 2 Letter State Abbreviation

1. Circle all types of waste carried by you for disposal during the previous calendar year and then check the appropriate main waste type boxes.

SOLIDS

Waste I.D. #

10. Municipal (Household, Commercial and Institutional)
12. Dry Sewage Sludge
13. Bulky Waste
17. Hazardous Waste – Dry
18. Chemical Waste – Dry – Non Hazardous
23. Vegetative Waste
25. Animal and Food Processing Wastes
26. Oil Spill Clean-up Wastes
27. Industrial (Non-Chemical)

SEPTAGE

Waste I.D. #

73. Septic Tank Clean-Out Wastes
74. Liquid Sewage Sludge

LIQUIDS

Waste I.D. #

70. Waste Oil and Sludge
72. Bulk Liquid and Semi Liquids
76. Hazardous Waste Liquids
77. Chemical Waste Liquids

2. Complete this Section with Operational Data for the previous calendar year.

COMPLETE FOR EACH OF THE WASTE I.D. NUMBERS CIRCLED IN SECTION 1 OF THIS PAGE, FOR EACH MUNICIPALITY SERVED, AND SITE USED.

[illegible]

NO. 95120

SKF INDUSTRIES INC.

REMITTANCE STATEMENT

GENERAL OFFICE
P.O. BOX 6731
PHILA., PA. 19132

VENDOR NO.	PL. NO.	VENDOR INVOICE NO.	YOUR INV. DATE			SKF INVOICE NO.	GROSS AMOUNT	DISCOUNT	AMOUNT OF PAYMENT
			MO.	DAY	YEAR				
17302	K	051777	05	17	77	P1333	30.00		30.00

THE PLANT NO. IDENTIFIES THE SKF LOCATION TO WHICH YOUR INVOICE APPLIES.

4 SHIPPENSBURG
5 HORNELL
6 ALTOONA
7 TYSON - MASSILLON
8 TYSON - GLASGOW
C PHILA. - OTHERS
G PHILA. - MACH.
H PHILA. - BALL
K PHILA. - MAIN
L HANOVER
N NICE
W SKF WHSE. INC.
O KING OF PRUSSIA

New Jersey Department of Environmental Protection
Registration for a Solid/Liquid Waste Collector-Hauler.

DETACH BEFORE DEPOSITING

PH 4407

NO. 95120

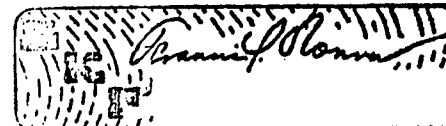
SKF INDUSTRIES INC.

PHILADELPHIA, PA.

3-1
310PAY TO THE
ORDER OFTREASURER STATE OF NEW JERSEY
P O BOX 2807
TRENTON NEW JERSEY 08625DATE
05 | 19 | 77

EXACTLY *****30 DOLLARS 00 CENTS

GENERAL ACCOUNT

TO THE PHILADELPHIA NATIONAL BANK
PHILADELPHIA • PA.

⑈0951201⑈ ⑆0310⑈0001⑈

143⑈1611⑈

Sanitary Landfill
Disposal 1976

Cubic yards

1/5/76	to	1/15	440
1/16	to	1/30	880
2/2	to	2/13	720
2/16	to	2/27	840
3/1	to	3/12	680
3/15	to	3/31	1000
4/1	to	4/15	1080
4/20	to	4/30	720
5/3	to	5/14	760
5/18	to	5/28	720
6/1	to	6/15	760
6/16	to	6/30	760
7/1	to	7/15	680
7/16	to	7/30	520
8/4	to	8/12	440
8/13	to	8/31	800
9/1	to	9/15	680
9/16	to	9/30	640
10/1	to	10/15	800
10/18	to	10/29	680
11/1	to	11/15	840
11/16	to	11/30	720
12/1	to	12/15	580
12/16	to	12/29	480
			<hr/>
			17,440

Sewage - Dumps 1 load every 2 weeks (per K. Baird)

$$26 \text{ loads/yr} \times 40 \text{ cu. yds./per load} \\ = 1040 \text{ cu. yds. per year}$$

Industrial - 3 times a week (per K. Baird)

$$156 \text{ loads/yr} \times 40 \text{ cu. yds. per load} = \\ 6240 \text{ cu. yds. per year}$$

Sewage	1040	cu. yds.
Industrial	6240	cu. yds.
Bulky	<u>10160</u>	cu. yds.
	17440	

NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF SOLID WASTE MANAGEMENT
P.O. BOX 2807 TRENTON, NEW JERSEY 08625

REGISTRATION STATEMENT FOR
A SOLID/LIQUID WASTE
COLLECTOR OR HAULER

Section A INSTRUCTIONS READ CAREFULLY TYPE OR PRINT ONLY

1. Information in Section B is to be corrected in Section C. Correct entire line if information given is incorrect. NEW APPLICANTS START APPLICATION IN SECTION C.
2. Answer all questions in Section D. Incomplete applications will be returned.
3. Complete Vehicle Registration Statement and Operational Statement.
4. Submit fee payable to "Treasurer, State of New Jersey". Refer to N.J.A.C. 7:26-4 for fee schedule.
5. Send all completed forms and fee to:

FORMS MAY BE REPRODUCED
OR ADDITIONAL FORMS
AVAILABLE FROM:

New Jersey State Department of Environmental Protection
Bureau of Solid Waste Management
P.O. Box 2807 Trenton, New Jersey 08625

COMPLETED REGISTRATION STATEMENT AND PROPER FEE MUST BE SUBMITTED
ON OR BEFORE MAY 1, 1976

Section B INFORMATION IN THIS SECTION WAS SUPPLIED BY YOU LAST YEAR. CORRECT IN SECTION C.

1. Bureau of Solid Waste Management Number
 2. Type Organization * (See Below)
 3. Corporate or Partnership Data (if any)
 - 3 A. Registered in State County
 - 3 B. Date of Filing
 - 3 C. Agents Name (Last First Init.)
 - 3 D. Agents Address
 - 3 E. Agents City State Zip Code
 - 3 F. Agents Area Code Telephone Number
 4. Applicants Federal Employer ID or Soc. Sec. No.
 5. Applicants Name (Last First Init.)
 6. Company or Trade Name
 7. Street Address
 8. City State Zip Code
 9. Applicants Area Code Telephone No.
- * If corrected it must be one of the following-proprietor, partnership, incorporated, municipality, county, state government, authority, Agent of Federal Government, homeowner or other.

Section C CORRECTIONS TO SECTION B OR NEW APPLICANTS. ENTER CORRECTIONS ON PROPER LINES.
NEW APPLICANTS SHOULD LEAVE LINE 1 BLANK. ENTER INFORMATION HERE

1. Bureau of Solid Waste Management Number
2. Type or Organization * (See Below)
3. Corporate or Partnership Data (if any)
 - 3A. Registered in State County
 - 3B. Date of Filing
 - 3C. Agents Name (Last First Init.)
 - 3D. Agents Address
 - 3E. Agents City State Zip Code
 - 3F. Agents Area Code Telephone Number
4. Applicants Federal Employer ID or Soc. Security No.
5. Applicants Name (Last First Init.)
6. Company or Trade Name
7. Street Address
8. City State Zip Code
9. Applicants Area Code Telephone Number

* If entered it must be one of the following-proprietor, partnership, incorporated, municipality, county, state government, authority, Agent of Federal Government, homeowner or other.

1. Corporation
2. Delaware-New Castle
3. December 13, 1933
- 3C. The Corporation Trust Co.
- 3D. 15 Exchange Place
- 3E. Jersey City, N.J. 07302
- 3F. 201-434-0014
4. ☒ FEID OR ☐ SS 23-1043740
5. SKF Industries, Inc.
6. Front St. & Erie Ave.
8. Philadelphia, Pa. 19132
9. 215-426-6400

Office
Use
Only

Section
D

1. Enter your FEID or SS number from Section B, Line 4 or if new applicant, from Section C, Line 4. Check "FEID" or "SS" is being used.

☒ FEID

or

Enter Here →

☐ SS

23-1043740

2. Do you have a Public Utilities Commission License? ☒ Yes ☐ No

2A. If "Yes" enter complete PUC License Number Here. →

718-R-1556

3. Enter total number of employees (Include part-time and office employees). → 1600

4. Person having prime administrative authority or person to be contacted in an emergency.

4A. Name → Christ

David

R.

LAST

FIRST

INIT.

4B. Area Code - Telephone Number → 215-426-6400

5. Check all types of waste carried by you for disposal.

WASTE ID.

SOLIDS

10. ☐ Municipal (Household, Commercial)
11. ☐ Institutional.
12. ☐ Dry Sewage Sludge
13. ☒ Bulky Waste.
14. ☐ Construction and Demolition
15. ☐ Pesticides - Dry
16. ☐ Hazardous Waste Containers
17. ☐ Hazardous Waste - Dry
18. ☐ Chemical Waste - Dry - Non Hazardous
19. ☐ Junked Autos
20. ☐ Tires
21. ☐ Dead Animals
22. ☐ Leaves and Chopped Tree Waste
23. ☐ Agriculture Vegetative Waste
24. ☐ Tree Stumps
25. ☐ Food Processing Wastes
26. ☐ Oil Spill Clean-Up Wastes.
27. ☒ Industrial (Non Chemical)

LIQUIDS

70. ☐ Waste Oil
71. ☐ Semi Solid Waste Oils and Sludges
72. ☐ Bulk Liquid and Semi Liquids
73. ☐ Septic Tank Clean-Out Wastes
74. ☐ Liquid Sewage Sludge
75. ☐ Pesticide Liquids
76. ☐ Hazardous Waste Liquids
77. ☐ Chemical Waste Liquids.

For Office Use Only

10.	
11.	
12.	
13.	
14.	
15.	
16.	
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70.	
71.	
72.	
73.	
74.	
75.	
76.	
77.	

6. FEES MUST BE SUBMITTED BY CERTIFIED CHECK OR MONEY ORDER - PAYABLE TO "TREASURER, STATE OF NEW JERSEY" REFER TO N.J.A.C. 7:26-4 FOR FEE SCHEDULE.

Enter Amount Enclosed →

\$ 11,30.00

7. I certify that the information submitted on both sides of this form and all attachments are true to the best of my knowledge.

Date 9/23/76

Signature

F.W. Williams

Title

Vice President

For Office Use Only

OPERATIONAL STATEMENT FOR A SOLID/LIQUID WASTE COLLECTOR OR HAULER

Form VSW-003 1/76

PRINT OR TYPE

- ☒ FEID OR ☐ SS 23-1043740

[illegible]

NO. 92999

SKF INDUSTRIES INC.

PHILADELPHIA, PA.

3-1
310

PAY TO THE
ORDER OF

NEW JERSEY STATE DEPT OF
ENVIRONMENTAL PROTECTION
BUREAU OF SOLID WASTE MANAGEMENT
P O BOX 2807
TRENTON NJ 08625

DO NOT DESTROY
5830-0006

GENERAL ACCOUNT

TO THE PHILADELPHIA NATIONAL BANK
PHILADELPHIA - PA.

THE PHILADELPHIA
NATIONAL BANK
PHILADELPHIA, PA.

\$ * * * * * 30 AND 00 CENTS

CERTIFIED
PAYABLE ONLY AS ORIGINAL DRAWN
AND WHEN PROPERLY ENDORSED

DATE

9 23 76

*****30 DOLLARS 00 CENTS

CERTIFIED CHECK

#13

⑈0929997⑈ ⑈0310⑈0001⑈ 143⑈161⑈

o. 92999

SKF INDUSTRIES INC.

REMITTANCE STATEMENT

GENERAL OFFICE
P.O. BOX 6731
PHILA., PA. 19132

VENDOR NO.	PL. NO.	VENDOR INVOICE NO.	YOUR INV. DATE			SKF INVOICE NO.	GROSS AMOUNT	DISCOUNT	AMOUNT OF PAYMENT
			MO.	DAY	YEAR				
17302	K	1976	09	21	76	P7573	30.00		30.00
Vehicle registration 1976 solid waste disposal.									
<div>13-FH-1</div> <div>SEP 24 1976</div> <div>P. N. B.</div>									

DETACH BEFORE DEPOSITING

PH 4407





State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF ENVIRONMENTAL QUALITY
JOHN FITCH PLAZA, CN027, TRENTON, N.J. 08625
Solid Waste Administration

GEORGE J. TYLER
DIRECTOR

*Form received 4/24/80
revision forwarded
to State of New Jersey*

April 9, 1980

Dear Registered Collector/Hauler:

As you know, the New Jersey Solid Waste Management Act (N.J.S.A. 13:1E-1 et seq.) requires the State's Solid Waste Management Districts (each of New Jersey's twenty-one counties and the Hackensack Meadowlands District) to develop a comprehensive solid waste management plan. Many of you have participated in this planning process either individually as members of District Solid Waste Advisory Councils or collectively through various solid waste management organizations. Your previous efforts and continued support are much appreciated by the Department of Environmental Protection.

Once approved by the Commissioner of the Department of Environmental Protection, the District solid waste management plans will control the flow of waste to specific solid waste disposal facilities. This waste stream control will help ensure that, over the ten year planning period, there are adequate disposal facilities to handle the solid wastes which you collect. This waste stream control will be enforced through the Department's permitting authority and the requirements of the Solid Waste Management Act which mandates that all solid waste collection and disposal contracts be in conformance with the approved District solid waste management plan.

In order to minimize the disruption of your present transportation and disposal patterns, I am requesting that you complete the enclosed form and return it by May 9, 1980 to:

Mr. Gary Sondermeyer
Bureau of Planning & Resource Management
Solid Waste Administration
32 E. Hanover Street
Trenton, New Jersey 08625

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF ENVIRONMENTAL QUALITY
SOLID WASTE ADMINISTRATION

Note: Please return the completed questionnaire by May 9, 1980
to: Mr. Gary Sondermeyer, Bureau of Planning and Resource
Management, Solid Waste Administration, 32 E. Hanover Street
Trenton, N.J. 08625. (609-292-9880)

Name of Collector/Hauler SKF INDUSTRIES, INC.

Solid Waste Administration Reg.# 4279

Source of Waste (Municipality/County)	Quantity of Waste (cubic yards) by type*			Disposal Facility (Provide Name and Location of Disposal Facility)
	Residential	Commercial	Other	
		1979		
PHILADELPHIA		1120 COMPACTED 4440 NON-COMPACTED		SANITARY LAND FILL CINNAMINSON, N.J.

*Do not include septage, sewage sludge, hazardous, infectious, and any liquid wastes, indicate whether waste is compacted or non-compacted.

☒ compacted

☐ non-compacted

1979 Waste Disposal - New Jersey

Subsites

COMPACTED	Non COMPACTED
40	160
40	240
40	200
80	280
40	80
40	80
40	200
40	40
	240
40	280
80	240
120	360
40	200
40	240
120	360
40	80
40	360
80	280
40	240
40	40
40	120
40	120
<hr/>	
1120	4440

Source.

Invoices - Sanitary Landfill

1979

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF ENVIRONMENTAL QUALITY
SOLID WASTE ADMINISTRATION

Note: Please return the completed questionnaire by May 9, 1980
to: Mr. Gary Sondermeyer, Bureau of Planning and Resource
Management, Solid Waste Administration, 32 E. Hanover Street
Trenton, N.J. 08625. (609-292-9880)

Name of Collector/Hauler SKF INDUSTRIES, INC.

Solid Waste Administration Reg. # 4279

Source of Waste (Municipality/County)	Quantity of Waste (cubic yards) by type*			Disposal Facility (Provide Name and Location of Disposal Facility)
	Residential	Commercial	Other	
PHILADELPHIA		1120 Compacted 4440 Non-Compacted		SANITARY LAND FILL CINNAMILSON, N.J.

*Do not include septage, sewage sludge, hazardous, infectious, and any liquid wastes indicate whether waste is compacted or non-compacted.

☒ compacted

☒ non-compacted



Certified Mail
5/13/80

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF ENVIRONMENTAL QUALITY
JOHN FITCH PLAZA, CN 327, TRENTON, N. J. 08625
Solid Waste Administration

April 24, 1980

Dear Registered Collector/Hauler:

Please disregard the questionnaire you received, dated April 9, 1980 from the Solid Waste Administration and replace it with this revised edition. THIS IS NOT YOUR ANNUAL REGISTRATION STATEMENT FOR SOLID/LIQUID WASTE. Please fill out the questionnaire on the opposite side of this page and return it by May 16, 1980 to:

Mr. Gary Sondermeyer
Bureau of Planning & Resource Management
Solid Waste Administration
32 East Hanover Street
Trenton, New Jersey 08625
(609-292-9880)

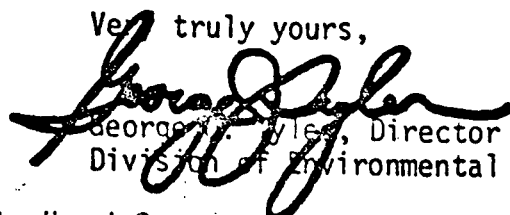
The submission of this up-to-date information will be of great assistance to the State's solid waste planning program.

Instructions

- 1) If you deal only in septage, sewage sludge, hazardous, infectious or liquid wastes, you NEED NOT complete this form.
- 2) If you do not transport waste material, and contract out for hauling service, you NEED NOT complete this form. The data will show up on the haulers questionnaire.
- 3) Data to be included on this form should be based on collection/haul during the week of April 20 through April 26, 1980, ONLY.
- 4) Quantity of waste is to be reported in CUBIC YARDS (in the truck).
- 5) For each separate municipality where waste is collected, fill out a separate block. If waste is collected in only one municipality and is of only one type, residential or non-residential, then only one block on the opposite side of this page need be completed. If waste is collected in only one municipality but is of both residential and non-residential, use two blocks.

Again, I thank you for your past efforts and continued support.

Very truly yours,


George W. Styles, Director
Division of Environmental Quality

New Jersey Is An Equal Opportunity Employer

Signature
Thomas K. Carey

4279
Registration #

SKF INDUSTRIES, INC.
Name of Collector/Hauler

Name SKF INDUSTRIES, INC.

DEP Registration # 4279

For the week of April 20 through April 26, 1980:

1. Municipality where collected PHILADELPHIA
2. Waste Type: Residential ☐ Non-residential ☒
3. Truck: Compactor ☐ Non-compactor ☒
4. Cubic yards/week transported 160
5. SANTARY LANDFILL, CINNAMONSON N.J.
(disposal facility name) (municipality)

Name _____

DEP Registration # _____

For the week of April 20 through April 26, 1980:

1. Municipality where collected _____
2. Waste Type: Residential ☐ Non-residential ☐
3. Truck: Compactor ☐ Non-compactor ☐
4. Cubic yards/week transported _____
5. _____, _____
(disposal facility name) (municipality)

Name _____

DEP Registration # _____

For the week of April 20 through April 26, 1980:

1. Municipality where collected _____
2. Waste Type: Residential ☐ Non-residential ☐
3. Truck: Compactor ☐ Non-compactor ☐
4. Cubic yards/week transported _____
5. _____, _____
(disposal facility name) (municipality)

Name _____

DEP Registration # _____

For the week of April 20 through April 26, 1980:

1. Municipality where collected _____
2. Waste Type: Residential ☐ Non-residential ☐
3. Truck: Compactor ☐ Non-compactor ☐
4. Cubic yards/week transported _____
5. _____, _____
(disposal facility name) (municipality)

Name _____

DEP Registration # _____

For the week of April 20 through April 26, 1980:

1. Municipality where collected _____
2. Waste Type: Residential ☐ Non-residential ☐
3. Truck: Compactor ☐ Non-compactor ☐
4. Cubic yards/week transported _____
5. _____, _____
(disposal facility name) (municipality)

Name _____

DEP Registration # _____

For the week of April 20 through April 26, 1980:

1. Municipality where collected _____
2. Waste Type: Residential ☐ Non-residential ☐
3. Truck: Compactor ☐ Non-compactor ☐
4. Cubic yards/week transported _____
5. _____, _____
(disposal facility name) (municipality)

SKF

**EPA Request for Information
Generators of Waste Materials**

Instructions

In responding to this Request for Information, the following instructions apply:

1. Respond to each Question in Section A by checking the appropriate column (Yes or No). Consult with all present and former employees and agents of your company whom you have reason to believe would be familiar with each question in preparing your response to each.
2. Complete Section B by providing the following:
 - a. A written statement clarifying every "Yes" answer to any question(s) in Section A;
 - b. Identifying on Figure 1. every company which you used to ship waste material(s) to the Site by your company or any of its employees at any time since 1960, supplying the additional information requested there (utilize the abbreviations supplied in the additional instructions attached to Figure 1);
 - c. Identifying on Figure 2. all past or present employees of your company who were ever responsible for waste disposal or arranging for disposal while employed by your company;
 - d. Identifying on Figure 3. the name(s) of all liability insurance companies which insured your company at any time during the period 1960 through the present, indicating the year or years each policy was valid.
 - e. Providing all other documents and information requested in Section B.
3. Sign Section A where indicated.
4. Sign and notarize the Certification Statement where indicated.
5. Send the original completed signed copy of this questionnaire and all other documents requested therein to Philip Guarraia at the address indicated in the cover letter. This final package must consist of the following:
 - a. Section A signed by an appropriate corporate official;
 - b. The Certification Statement signed by an appropriate corporate official and notarized;
 - c. Completed copies of Figure 1., 2. and 3. (write the

word "None" on any of these Figures not applicable);

d. A statement in Section B clarifying every Yes answer to any of questions noted in Section A; and

e. Any other documents and information requested in these instructions or this questionnaire.

6. The terms "your", "company" and similar terms shall mean all past and present facilities and employees of your corporation, its subsidiaries, parent company and affiliates, unless its meaning is otherwise explicitly redefined in any specific question.

7. The terms "any waste material" or "any industrial waste material" mean any solid, liquid or sludge materials or any mixtures thereof which possess ANY of the following characteristics:

- a. it contains one or more "hazardous substances" (at any concentration) as defined in 42 U.S.C. Section 9601(14) and in applicable regulations;
- b. it is a "hazardous waste" as defined in 42 U.S.C. Section 6903(5) and applicable regulations;
- c. it has a pH less than 2.0 or greater than 12.5;
- d. it reacts violently when mixed with water;
- e. it generates toxic gases when mixed with water;
- f. it ignites or explodes;
- g. it is an industrial intermediate waste product;
- h. it is an industrial treatment plant sludge or supernatant;
- i. it is an industrial byproduct having some market value;
- j. it is coolant water or blowdown waste from a coolant system;
- k. it is a spent product which could be reused after rehabilitation (e.g., recycled oil);
- l. it is any material which you have reason to believe would be toxic if either ingested, inhaled or placed in contact with your skin;
- m. it is municipal treatment plant sludge;
- n. it is contaminated oil or some other petroleum based liquid; or
- o. it is asbestos or some asbestos product or mixture.

The term "waste materials" does not include domestic or office refuse or garbage, tree stumps, vegetation, and construction debris. Therefore, information concerning these specific waste products can be omitted from this questionnaire.

8. For each document produced in response to this Request for Information, indicate on the document, or in some other reasonable manner, the number of the question to which it responds.
9. Where documents are requested but are not available, state the reason(s) for their unavailability. To the best of your ability, identify any such document by stating its author, date, and subject matter.
10. Where you have reason to believe that any present or past employee or agent of your company may be able to answer any of the questions contained herein or may be familiar with operations or disposal of waste materials at this site, identify such persons by name, address, and phone number on Figure 2. including a brief statement indicating the basis for such belief.
11. If you cannot provide a precise answer to a question, please approximate, but, in any such instance, note the reason why you cannot be more specific.
12. Construe "and" as well as "or" in a manner that brings within the scope of these questions as much information as possible. If two interpretations of a question are possible, favor the one that provides more information rather than less.
13. Provide ALL documents that relate to each question. As used herein "relate to" or "relating to" means constituting, defining, containing, embodying, reflecting, identifying, stating, referring to, dealing with, or in any way pertaining to. "Document" as used herein means any recording of information in tangible form, including memoranda, handwritten notes, invoices, checks, manifests, tape recordings, computer data bases, or any tangible or physical objects however produced or reproduced upon which words or other information are affixed or recorded or from which by appropriate transcription written matter or a tangible thing may be produced.
14. If anything is deleted from a document produced in response to this Request for Information, state the reason for, and the subject matter of, the deletion.
15. As used herein, the terms "hazardous substance", "release", "facility" and "person" shall have the meanings set forth in Sections 101(14), (22), (9) and (21) of the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA), 42 U.S.C. Section 9601(14), (22), (9) and (21), and as set forth under the regulations promulgated pursuant to CERCLA.

16. In answering these questions, every source of information to which your company has access should be consulted, regardless of whether the source is in your company's immediate possession or control. All documents or other information, including records of all types of manufacturing, treatment, transportation or disposal operations, in the possession of your company and your company's parent corporations, affiliates, subsidiaries, divisions, experts or consultants should be consulted.
17. As used herein, the terms "hazardous waste", "disposal", and "storage" shall have the meanings set forth in Sections 1004(5), (3) and (33) of the Resource Conservation and Recovery Act (RCRA), 42 U.S.C. Section 6903(5), (3) and (33), and as set forth in the regulations promulgated pursuant to RCRA.
18. The term "Cinnaminson Township Ground Water Contamination Site" (the "site") means the area of contaminated groundwater in the vicinity of Route 130, Taylors Lane, Union Landing Road, and the Delaware River in the Townships of Delran and Cinnaminson, NJ outlined on the attached map, including the Cinnaminson Sanitary Landfill facility.
19. In responding to the attached questionnaire, indicate in each instance whether materials were stored or disposed of at the Cinnaminson Sanitary Landfill Facility or elsewhere (indicate specifically where).

Section A

General Information:

1. a. Please state the correct legal name of your company or business (referred to herein as "company" or "your company", or simply as "you"). Additionally, please state any other names by which your company has been known.

Name SKF USA Inc.

Address 1100 First Avenue, King of Prussia, PA 19406

- b. Please state the name(s) and address(es) of the current owner(s) or indicate whether publicly held:

Name AB SKF

Address Gothenburg, Sweden

- c. Please state the nature of your company's business, and briefly describe your operation.

Manufacture of bearings for the aerospace industry.

- d. Year operation started: approximately 1935

- e. EPA (or RCRA) Identification Number
(if applicable): PAD 000 000 190

- f. Identify (list below) and provide copies of any permits, licenses, or other authorization held by yourself which enable and/or enabled you to handle hazardous waste and/or hazardous substances.

N/A

Yes No

2. Do you have any reason to believe that any materials ever located at or possessed by your company were ever disposed at the Site? X*
3. Do you have any reason to believe that any material of any type generated by your company was ever disposed at the Site? X*
4. Has your company or any of its past or present employees ever disposed of, or arranged for the disposal of any of the following materials at the Site:
 - a. any hazardous waste? X
 - b. any hazardous substance? X
 - c. any industrial waste material of any type? X*
 - d. any chemical waste of any type? X
 - e. any industrial byproducts? X
 - f. any paints, inks or highly colored liquids? X
 - g. any petroleum or petroleum products? X
 - h. any sludge of any type? X
 - i. any highly corrosive materials of any type? X
 - j. any highly volatile or flammable material? X
 - k. any material in tank trucks? X
 - l. any material in drums or containers? X
 - m. any refinery company waste? X
 - n. any chemical company waste? X
 - o. any pharmaceutical company waste? X
 - p. any plating company waste? X
 - q. any marine dredge material? X
 - r. any sewage treatment plant sludge? X
 - s. any liquid waste? X
 - t. any domestic, institutional or office garbage? X*
 - u. any industrial waste from another hauler? X
 - v. any asbestos? X
 - w. any material of any type? X*

*Non-hazardous refuse only.

If any of the questions in this section are answered Yes, identify on Figure 1. the processes which were the source(s) of such materials, the year(s) during which such shipments occurred, the volumes of such materials, the specific chemicals involved, the location at which the material was deposited, and other information as requested.

YES NO

5. Has your company or any of its past or present employees ever arranged for:

a. disposal of any other hazardous waste, hazardous substance or any other type of waste material at the Site?

X

b. transportation of any hazardous waste, or hazardous substance or any other type of waste material to the Site? Non-hazardous refuse only

X

6. Estimate the total amount of waste material generated by your company which was disposed of at the Site during the period extending from 1960 through the present by filling in the information requested below. Do not include domestic or office garbage, debris, vegetation or any household waste in these estimates. If the answer for any of these items is zero, write "none" on the line provided.

Liquid waste:

None

gals.

Waste in solid form:

None

pounds.

Sludge:

None

gals.

Total No. of drums:

None

Total No. of Truckloads:

None

List the years your company disposed of waste material at the Site:

1965-1978 Non-hazardous refuse only.

Section B

Waste Generation Information:

1. For each Question in Section A which was answered Yes provide the reason(s) for that answer on a separate sheet of paper. In that statement, provide the following information, as applicable:

- a. Names of all the companies, businesses and/or individuals which you used to ship waste material to any portion of the Site;
- b. A description of the waste material(s) involved, including specific types, total volumes and general characteristics which were shipped by your company to the Site. If available, include a copy of any chemical analysis that have been performed;
- c. The dates (or years) such shipment(s) occurred;
- d. Any other information needed to clarify the basis for answering Yes to the question.

2. List on Figure 1. ALL the companies, transporters, haulers, and any other establishments of any type which your company used to transport waste material to the Site or Cinnaminson Sanitary Landfill at any time since January 1, 1960.

Note: Under columns A, B and C on Figure 1., characterize the quantity, container type(s) and waste type(s) shipped by each of the companies listed by using the codes provided in the attachment to Figure 1.

Note: Do not list on Figure 1. any companies which shipped only domestic or office garbage, trash, vegetation or construction debris.

3. List on Figure 2. the names of employees (past or present) of your company who were (are) responsible for the arrangement of waste disposal at any time within the scope of their employment for your company.

4. Identify on Figure 3. all insurance carriers which issued liability insurance coverage for your company during each year extending from January 1960 to the present, indicating years of coverage by each.

5. At your option, provide on a separate sheet of paper any other information which you feel would clarify waste disposal practices at the Site by your company or any other industries or haulers which used the site for industrial or chemical waste disposal.

Figure 1.*

Haulers, Transporters Used To Transport Waste To The Site

Customer Name	Address	Years Shipments Occurred	A Amount(s)	B Contain.	C Waste Types
SKF Truck		1965-1978	Trks.	A	Non-hazardous refuse only.

* = See attached page for explanation and codes for Columns A, B and C

Codes for Use on Figure 1.

Use the following codes to describe the characteristics of the waste materials which were shipped to the Site.

Quantity Codes:

Drums = drums

Tons = tons

Trks. = truckloads

Mgals. = million gallons

Container Codes:

Use the following codes, as needed, to describe on Figure 1. the type of container(s) in which the waste material was transported to the Site.

D = waste was taken to the site in drums

T = waste was taken to the site in tank trucks

A = waste was taken to the site in open backed trucks

O = other (describe)

Waste Description Codes:

Whenever possible, cite the specific chemical on Figure 1. When such detail is not known, use the following codes to describe the type(s) of waste material(s) which your company (or any of its employees) generated, and subsequently disposed of at the Site at any time since January 1, 1960:

L = liquid
S = solid
SL = sludge
LC = liquid chemical waste
SC = solid chemical waste
HC = highly colored waste
PA = paint wastes
IND = industrial process waste
ABB = asbestos or asbestos mixture(s)
OIL = oil, gasoline or other petroleum based waste
INK = ink waste
VOL = volatile or explosive waste
IGN = flammable or ignitable waste
VAP = waste giving off strong chemical vapors
VIS = viscous substances
TRA = tarlike substances
PCB = wastes containing PCB's
TOX = toxic waste
HAZ = hazardous waste

Figure 2.

Employees Responsible For Shipments to the Site

Name	Address	Phone Number
F. Reale	5400 Tulip Street Phila, PA 19124	533-5800
M. Cassell	5400 Tulip Street Phila., PA19124	533-5800

Figure 3.

Liability Insurance Company

Year	Name	Address
1960-1979	Liberty Mutual Ins. Co.	15 Kings Grant Drive Bala Cynwyd, PA 19004
1980-Present	Traveler's Insurance Co.	1 Tower Square Hartford, CT 06115

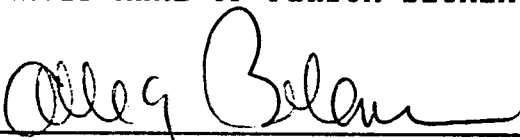
CERTIFICATION OF ANSWERS TO
REQUEST FOR INFORMATION

STATE OF Pennsylvania

COUNTY OF Montgomery

I certify that the foregoing answers to the EPA Request for Information are true, complete, and accurate to the best of my knowledge and belief, and that any documents submitted herewith are complete and authentic to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

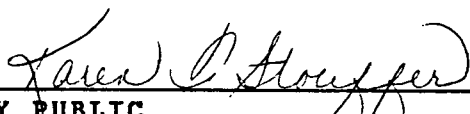
Allen G. Belenson
PRINTED NAME OF PERSON SIGNING


SIGNATURE OF PERSON SIGNING

Secretary & General Counsel
TITLE

October 26, 1987
DATE

SWORN TO BEFORE ME THIS 26th DAY
OF October, 1987


NOTARY PUBLIC

KAREN T. STOFFER, NOTARY PUBLIC
UPPER MERION TWP., MONTGOMERY COUNTY
MY COMMISSION EXPIRES MAY 14, 1990
Member, Pennsylvania Association of Notaries